Secrt. II-27—104,006—4-11-49.

# HEALTH (1952 ) Department.

MS. SERIES.

G.O. NO. MS.354, Health.

46

Dated 2nd February 1952.

Closed
N

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## [Despatch Abstract.]

Legislative Assembly Question - Leprosy - Scheme for the Prevention of leprosy in Shirva Village, South Kanara District - Papers Recorded -

LEGISLATURE (ASSEMBLY) SECRETARIAT

27-6-1951.

STARRED.

JANAB H.S. HUSSAIN. M.L.A.

HEALTH DEPARTMENT.

Q.NO.184.

Will the Hon. the Minister for Health be pleased to state:

(a) whether it is a fact that there is a scheme for the prevention of leprosy in Shirva, South Kanara district;

(b) if so, when it was brought into force;

(c) whether Dr. Cochrane had investigated this scheme, and if so, what his recommendations are;

(d) whether a copy of his report to Government will be placed on the table of the House for information;

(e) whether the ~~Surgeon-General~~ Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(f) whether any special officer has been put in charge of this leprosy scheme on the spot;

(g) if so, his special qualifications, pay, and allowances and special facilities provided for him; and

(h) the detailed plan of work under this scheme and the progress so far made?

PK/27-6

G.No.33960/5

LEGISLATURE (ASSEMBLY) SECRETARIAT

27-6-1951.

STARRED.

JANAB H.S. HUSSAIN, M.L.A.

HEALTH DEPARTMENT.

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(g) if so, his special qualifications, pay, and allowances and special facilities provided for him; and

(h) the detailed plan of work under this scheme and the progress so far made?

PK/27-6.

Health L2

Advance Copy. May be circulated to H.M.-(H) for perusal

SECRETARY 14 JUL 1951 HEALTH DEPARTMENT

10-7-51

11-7-51

13.7.51

14/7

H.M.(H)

Health

3

L2

Subs. S. A. Q. No. 154 - Deputy - South Kanara Dt - Shimoga - Scheme for prevention of Malaria disease.

20/7/51

Memo. No. 33902/Stat. 1 Health dated 12/7/51

A copy of the question cited is communicated to the D.M.S, and he is requested to furnish urgently the necessary information required for answering the question and any supplementary question which may arise thereon.

PLCV

To the D.M.S (with a copy of speech)

Copy to DPH

DPH 14/7

PM 10-7-51

11.7.51

SARK

13.7.51

Medical Department.

From

Dr. K. Vasudeva Rao, MD. FRCP(Edin.) TDD.(wales)
Director of Medical Services, Madras-6.

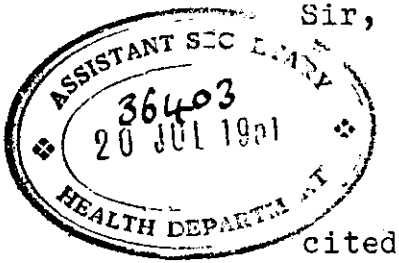
To

The Secretary to Government, Health Department, Madras.

---

Ref.71966-1-G2. Dated 18-7-51.

Sir,




Sub: Legislative Assembly question No.184 - Leprosy South Kanara District - Shirva Scheme for prevention of the disease.

Ref: Govt.Memo.No.33940/51-1- L2 Health dated 13-7-51.

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The particulars called for in the Govt. Memorandum cited are furnished seriatim:

(a) Yes.
(b) From 21-12-1950.
(c) and (d): Yes. A reference is solicited to Govt. Memo. No.51422-G2/48-3 P.H. dated 22-12-48.
(e) A reference is invited to my letter Ref.60604-24-PW dated 17-5-49.
(f) and (g) Sri R.Venugopal Rao was appointed as Special Leprosy Health Inspector in Shirva village after undergoing necessary training in the Lady Willingdon Leprosy Sanatorium, Tirumani and the Silver Jubilee Children's Clinic, Saidapet. The Health Inspector is now drawing Rs.118/- p.m. in the scale of Rs.60-3-90-4-130 and Dearness Allowance Rs.29/- p.m.
(h) The Special Leprosy Health Inspector joined duty on 21-12-50 only for conducting a Leprosy Survey in Shirva and other villages. The post has been

continued...

continued till 31-3-52 in G.O.No.693 Health dated 2-3-51. A Special report regarding the work done by the Leprosy Health Inspector has been called for and the same will be sent to Government separately.

Yours faithfully,

for Director of Medical Services.

kvr 18-7.

Health
L2

6

G.No.33940/L-51

27/13.8

Sub: L.A.Q. No. 184 - Leprosy -
S. Kamara Mr - Shiwa - Scheme
for the prevention of the
disease

PPH.5516 From the D.M.S. Ref. 71966-1. Gg 2
d. 18.7.51

Memo. No 33940 L/50-2 Health dated 11/8/51

The attention of
the D.M.S is invited to his
letter cited, and he is requested
to expedite his further report.

To
The D.M.S

MM 10.8.51
KW 10857

11/8

R. 71966- 50

Office of the Director of Medical Services, Madras 8, Dated 21.8.51.

Endorsement

Ref: Letter No.45056- 2 pi/51 dated [illegible] from the Director of Public Health

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Forwarded in continuation of my [illegible] Ref. 71966 [illegible] 2 dated 4.7.51.

With reference to Government [illegible] dated 11.8.51, I enclose herewith [illegible] information of Government, a copy of letter Doc. No. 45/51 dated 4.7.51, received from the Health Officer, Provincial Leprosy Survey Unit, Salem regarding the work done by the Leprosy Health Inspector.

21.8

for Director of Medical Services

To the Secretary to Government,
Health Department, Madras.

ASSISTANT SECRETARY
23 AUG 1951
HEALTH DEPARTMENT

41840

33949/51

19

Copy of letter Roc.No.56/51, dated 24.7.1951 from the Health Officer, Provincial Leprosy Survey Unit, Vellore, to the Director of Medical Services.

Sub: Leprosy South Kanara District -- Shirva village.
Ref: Your Memo Ref. No.71966 - 2 H2 dated 17.7.1951

The duties of the Health Inspector posted for Shirva village in South Kanara district has not been specified in G.O.No.Ms.1326 Health dated 15.4.1950. Further this unit is not aware officially of any scheme existing for the prevention of the spread of leprosy in Shirva village except that in June 1947 Sri T.N.Jagadisan, Honorary Secretary of the British Empire Leprosy Relief Association and Dr.Sharma, then Dr.Cochrane's field investigation officer conducted a survey into the incidence of leprosy in Shirva and later on Dr.T.G.Cochrane, then Honorary Director Leprosy Campaign, Vellore made a visit to Shirva in October 1948 and a made a report on the prevalance of the Leprosy disease there and submitted a scheme for the control of leprosy. Whether this xxxxxx was accepted by Government in toto or not, I am not to this day aware. I was made to understand that as a part of the above scheme one trained Health Inspector was to be posted for Shirva village to conduct survey and do social welfare work and propaganda among the afflicted in the area.

The Health Inspector for leprosy survey joined duty on 21.12.50 and during the period of six months of his tenure, he is slowly but steadily conducting a survey (intensive and extensive) into the incidence of leprosy in Shirva and other neighbouring villages within a radius of 5 miles from Shirva. Here I would like to mention the handicaps under which he is working viz (i) want of a peon (ii) Admissibility of Fixed Travelling Allowance only (iii) fixing of his headquarters in Shirva - not a very convenient place (iv) Miscellaneous compensatory allowance - not sanctioned and (v) Dual control by the District Medical Officer and the Provincial Leprosy Survey Officer. These matters are pendig with the Director of Medical Services and the Director of Public Health. In this connection your kind attention is invited to this office letters cited below regarding items (i) to (iv) mentioned above

(1) Two letters of even number and date Roc.121-50 dated 22.2.51
(2) This office letter Roc.26/51 dated 1.3.51.
(3) Two letters of even number and date Roc.26/51 dated 7.6.51
(4) This office letter Roc.121/50 dated 25.6.51.

Further I concur with the view expressed by the Health Inspector that his work is being handicapped for want of a peon.

To assess the endemicity of leprosy in Shirva area and to guide and advise the Health Inspector and to give him training in field survey work, I made a visit to Shirva in March 1951 and I have given my impressions in my report Roc 21/51 dated 22.4.1951 wherein I have furnished details of my extensive survey and those of the Health Insbector.

In addition to making a survey of the Shirva area into the leprosy incidence there, the Health Inspector is conducting propaganda and social welfare work. The Health Inspector is a member of the Shirva Leprosy Relief Committee nd taken a leading and active role in its functions. He convenes periodical meetings of this local committee and gives suggestions for enlisting the co-operation of the public and to ensure regular attendance at the clinics. He visits the local District Board Dispensary and traces the cases attending them and examines their contacts at home. He advises home isolation in respect of all infective cases wherever there are facilities for the same in their homes and directs them to get treatment at the nearest clinic. He arranged a conference of workers interested in leprosy relief at Shirva, in April 1951 and took a leading and xxx enthusiastic part in all these activities which do help to rouse the consciousness of the local population with regard to the disease.

The appended statement gives a summary of the work done by the Health Inspector during the past six months.

CIAL REPORT

| Months | Work done |
|---|---|
| December 1950 | Joined duty on 21.12.50. Took instructions from the District Health Officer and the District Medical officer regarding the work. Arranged a meeting of the Shirva Leprosy Relief Committee on 31.12.50. |
| January 1951 | Conducted an intensive survey of block No. 1 in Shirva village. Done propaganda and social welfare work. Appeared before the Tahsildar and the Revenue Inspector and gave statement regarding the selection of a site for the construction of a sanatorium. |
| February 1951 | Made an extensive survey of Belle, Kattu giri, Padoor, Karkal, Herur and Inanjee villages. |
| March 1951 | Made extensive surveys in Puthiya village. Accompanied the Provincial Leprosy Survey Officer and took instructions regarding survey and propaganda. Convened a meeting of the Shirva Leprosy Relief Committee. |
| April 1951 | Made extensive surveys in Belmann, Sooda, Mandalli and Palya villages. With the object of making propaganda and focusing the attention of the local population took a leading part in organising a leprosy workers conference in Shirva. |
| May 1951) Non) soon) months<br>June 51 ) ence) work) home-)-ered | Made intensive surveys in Block Nos. 2 and 3 of Shirva village and extensive survey of Yellore. |
| | Made intensive surveys in Shirva village in blocks 8 and 4 and also in Yellore and Manjoor villages. |
| July 1951 | According to his programme he is to make an intensive survey of blocks 5 and 6 of Shirva village and also an extensive survey of Sooda Belle village His monthly report for July is expected in the first week of August. |

| S.No. | Name of village | Population | No. of cases detected | | |
|---|---|---|---|---|---|
| | | | Neural | Open | Total |
| 1. | Shirva (2) Blocks | 1210 | 8 | 1 | 9 |
| 2. | Pilar | 2280 | 4 | - | 4 |
| 4. | Puthiyar | 2169 | 6 | 5 | 11 |
| 5. | Yelluru | 3822 | 15 | 13 | 28 |
| 6. | Padoor | 1300 | 2 | 6 | 8 |
| 7. | Manthur | 2214 | 2 | - | 2 |
| 8. | Herur | 505 | 1 | - | 1 |
| 9. | Inanjee | 1366 | 1 | - | 1 |
| 10. | Karkal | 2780 | 7 | 2 | 9 |
| 11. | Belle | 2688 | 2 | 3 | 5 |
| 12. | Kattangiri | 1357 | 3 | 1 | 4 |
| 13. | Belmann | 1904 | - | 1 | 1 |
| 14. | Sooda | 1946 | - | 2 | 2 |
| 15. | Mandalli | 1929 | 1 | 1 | 2 |
| 16. | Palli | 2071 | 1 | - | 1 |
| 17. | Manjoor. | 1016 | 1 | - | 1 |

/True copies/

for Director of Medical Services.

81832

From
Dr.T.Lakshminarayana,D.P.H.,(LOND)
.Director of Public Health,
MADRAS; KILPAUK.

To
The Secretary to Government,
Health Department,
FORT.ST.GEORGE,MADRAS.
THROUGH
The Director of Medical
Services, MADRAS.

R.No.55056-2 EPI/51 Dated 1-8-1951

Sir,

Sub:- Legislative Assembly Question No.184 Leprosy South ~~Kanara District~~ - Shirva scheme for prevention of the disease.
Ref:- Government Memorandum No.33940/51-1 L2 Health dated 13th July 1951.

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The information required for answering the Legislative Assembly question communicated in the Government Memorandum cited are furnished as hereunder.

a) Yes. There is a scheme for prevention of leprosy in Shirva village of South Kanara District. In G.O.(Ms)No.693 Health dated the 2nd March 1951 Government have ordered the continuance of the scheme for leprosy work till 31-3-1952.

b) The scheme has commenced since the posting of the special leprosy Health Inspector (ie) 21-12-1950.

c) Dr. Cochrane had investigated this scheme and a copy of his report dated 26-11-1948 was sent to Government. His recommendations, among other matters included a complete survey of Shirva and the adjoining villages, the erection of a leprosy segregation Camp for infective cases and survey of the villages.

d) A copy of the report of Dr.Cochrane is enclosed.

e) The proposal to appoint Sri.R.Venugopala Rao,Health Inspector, Udipi Range as Special Leprosy Health Inspector after undergoing a Course of training in Leprosy survey and Social welfare was agreed to in this Office letter No.81666-Epi/48-2 dated 31-3-1949 to the Surgeon-General with the Government of Madras (copy enclosed).

f) A special Leprosy Health Inspector has been posted to the scheme for leprosy work in Shirva village

The Health Inspector incharge of the special scheme has undergone training for a period of three months in the Leprosy settlement at Tirumani (Chingleput District). The District Medical Officer, South Kanara will furnish further particulars in regard to the working of the scheme.

Yours faithfully,

for DIRECTOR OF PUBLIC HEALTH
MADRAS

DIRECTOR OF MEDICAL SERVICES 9 AUG 1951 MADRAS

(pto)

13



Report of the Director, Leprosy Campaign.

XXX XXX XXX

I left Mangalore for Shirva at 3 P.M. on 30-10-48 and arrived at Shirva at 6 P.M. on 30-10-1948. I was accompanied to Shirva by the District Health Officer, Dr. Ramachandra Rao and met at Shirva by

1. Rev.Father Gonsalves.
2. Mr.Sivaram,Head-Master,Hindu High School.
3. Mr.Annai Hedri, President, Panchayat Board.
4. Mr.Venugopal Rao,Health Inspector.
5. Mr.Shetty, Village Munsiff, Kuthiyar.

On the morning of the 31st the party started at 5-45 A.M. to inspect the village of Kuthiyar. A number of cases were seen some of which were infective. The absence of child infection was noted. This visit demonstrated the method of spread of leprosy in this area. In South Kanara unlike the rest of the Madras Province, particularly the eastern side, villages are scattered and isolated. Therefore, an infective case of leprosy will not as a rule infect any member outside his own household and further the accommodation in many houses is ample and the infected case of leprosy can; therefore dwell to some extent apart from the family. This means that even though there are children in the homes the contact is not particularly close and therefore the infection is probably a slow smouldering one. Children may, therefore show signs of leprosy later, rather than earlier in life. This would account for the high incidence of adult infection. The lepromatous cases seen were mostly very advance and seem to have had the disease many years. This conclusion was borne out by the fact that a check of the cases of leprosy recorded in the old Local Fund Dispensary book showed that many had died. On returning from the village I saw a few school children and found no evidence of leprosy among them. In the afternoon we were taken to the village of Shirva and again the experience of the morning was repeated. Scattered houses with occasional lepromatous cases and marked absence of child infection. The disease therefore is probably largely an adult disease and therefore if these can be segregated more adequately leprosy should be brought under control. I inspected the place where it was suggested that a segregation camp should be started. In many respects this area is excellent. One would like to know the possibility of agricultural employment. The ground seemed to be particularly stony, further if the area is too exposed any building construction will have to be much more durable and solid adding to the cost of the project.

I enquired into the history and method of living among the infectious cases seen. For instance one family in which the father had leprosy and died some years ago. The two sons acquired the disease one of whom a lepromatous case the elder died. The second was a neural case still living. The two daughters were both married. The elder showed signs of a benigh minor tuberculoid lesions on the right shoulder. In this instance it seems obvious that the two sons came into close cont with the father and got the disease. Possibly the elder in clos contact and therefore became a lepromatous case while the second became a neural case. The two daughters not coming into such close contact with the father either escaped or acquired the benigh tuberculoid form. On the death of the eldest son the disease had died out of the family because of the wide separati of the house the only immediate household contacts were infecte

Another instance was where two infective cases among women seen. Both were married. In one instance the husband left his wife two years ago and no children were born. The other

person's husband died before the birth of a child a daughter. This daughter became an infective case illustrating that when the mother is an open case it is difficult for the child or children to escape infection.

It is evident that the villagers recognise the advanced stage of the disease and they tend to isolate themselves eg., An infective husband lived apart from the family when the disease became pronounced and the wife did not allow him to visit her house. The general custom appears to be that children of a household sleep in a separate room from the husband and wife after weaning. It is to be noted that most houses in this area have several rooms. Weaning usually is between the first and 3rd year.

In addition to seeing the villages we inspected further groups of children both at the Roman Catholic School and the Hindu High school and our impression was confirmed that there was little evidence of child infection in Shirva proper. At 11 A.M. the Shirva Leprosy Committee gathered to-gether under the Chairmanship of Father Gonsalves and the members very kindly asked me to address them. In my address I emphasised the following facts.

1. Owing to the fact that the houses in the villages were separate sometimes at a considerable distance leprosy was not epidemic but sporadic.

2. Because of the custom in this District of children sleeping away from their parents in a separate room after weaning this reduced the period of contact considerably.

These two factors alone probably explained the anomalous situation in this area in that leprosy was seldom found in children and that it did not apparently develop in a severe form until later life. The assumption is that as a result of the reduced chance of contact as compared with say an area in Saidapet, fewer children acquire leprosy and therefore, the disease may take a longer time to develop. There was considerable evidence to show that a patient dated the form of leprosy not from the first suspected signs but from the date it became obvious not from the first suspected signs but from the date it became obvious to others and serious to himself. It was at this stage the patient then took precautions to live apart from his family, and many cases he ceased visiting his wife or his wife refused to admit her husband. Owing to the fact that the pre-lepromatous leprosy is very difficult to recognise on casual examination it would only be a mere chance if I were to find up such cases. In the time at my disposal I was unable to detect any. Nevertheless the general evolution of the disease as indicated above appears to me the probable explanation of the question as to why so much adult leprosy and so little child leprosy is seen in this area. This being the case I suggested that the following steps should be taken.

1. A complete survey of Shirva and the adjoining villages.
2. The erection of a leprosy segregation camp for infective cases. Survey. Owing to the fact that the conditions in this area are so unusual it would not be possible for a person unfamiliar with the place to undertake this survey. Mr. Venugopal Rao, Health Inspector, Udipi by temperament, by enthusiasm and by intelligence appears to be the right type of person to undertake this work, therefore I strongly recommend that he be sent to Chingleput and Saidapet to undertake a 3 months' course in survey and social welfare, at Government expense, his salary being met while he undertakes his course and the usual Travelling Allowance be allowed. When this course is finished I strongly recommend that he be appointed as a Special leprosy Health Inspector and be given a salary, field allowance and other allowances which are sanctioned for special Malaria Health Inspectors.

(pto)

I then recommend that he be deputed for this special work for a period of one year in the first instance and that sends his report to the Director, Leprosy Campaign each six months". As a result of this work it should be possible to trace almost every lepromatous case and the magnitude of the problem as far as segregation is concerned should be assessable. In so far as the right segregation is out of the question in this area, I suggested to the Committee that further money be raised for the erection of a segregation camp at a suitable site and that an investigation be made as to the cost of putting up simple structures either in the formof ordinary dwellings of the village or as army huts, and that the only substantial buildings be the hospital and laboratory. By the time Government are able to sanction the construction of the camp it is hoped that more practical and more economical methods of treating lepromatous leprosy by the sulphones will be developed. It then should be possible to direct people to this camp on the promise of special treatment. Assuming, therefore, that within 2 years the sulphone remedies will be available for mass treatment. It should be possible to render the infective case of leprosy much less infective by treatment within a period of 2-3 years. Once this is possible then there would be no difficulty in persuading people to enter this segregation camp on the condition that special treatment was only given to those infective cases who would segregate themselves adequately. Once the adult cases were brought under control it should not be an impossibility to organise a system of surveillance whereby every member of the household is examined at least once a year. Sir Lenord Rogers advocated this type of control many years ago. But it has been impossible to effect because(1) due to the uncertainty of the hydrocarpus treatment and the long course of treatment resulting in disablement in many cases and discontinuance in others(2) due to the average social conditions where such surveillance was impracticable. This area of Shirva however, with the new hope that the sulphone remedies will be available for mass treatment within two years appears to be ideal for an experiment along these lines. It is only by various types of experiment in control can the best method be devised for each area. As a short term policy it is impossible to control leprosy in the Shirva area but if viewed as a long term policy it is possible to devise a system as indicated which should bring the disease under control and ultimately stamped it out. Again the challenge comes to the Government of Madras really to take a lead in the new methods of treatment and prevention and demonstrate that ~~in the new methods of t~~ atleast in one area leprosy has been controlled. many ways this is difficult, but in others it is very hopeful of being accomplished.

I returned to Mangalore and addressed the District Medical Association at which I was enthusiastically received. I have to thank particularly Dr.Ramachandra Rao, the District Health Officer who spared no pains to see that I was comfortably looked after and who showed the greatest enthusiasm in my visit and I should particularly like to mention the work of Mr.Venugopal Rao who has shown great enthusiasm and interest in this problem. To the local authorities at Shirva and to many others I owe a debt of gratitude for being able to undertake in so short a time a fairly concentrated and extensive review of the leprosy conditions in this area.

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(True copy)

Copy of this Office letter R.No.81666-Epi-48-2 dated 31-3-1949 to the Surgeon-General with the Governmentof Madras, Madras.

-1.5

16

Sub:-Leprosy - South Kanara District - survey of incidence in Shirva.
Ref:-Your letter Ref.60604-19 P.W. 2 dated 30-12-1948.

---

I agree that Sri.R.Venugopal Rao,Health Inspector, Udipi range may be appointed as special Leprosy Health Inspector after undergoing a course of training in Leprosy survey and social welfare.

An estimate of expenditure involved in the proposal is furnished below.

I. Deputation of the Health Inspector to Chingleput for leprosy training for a period of 3 months.

| | Rs. |
|---|---|
| Pay of the Health Inspector at Rs.111/-per mensem. | 333 |
| Dearness allowance at Rs.24/-P.M. | 72 |
| Travelling allowance | 100 |
| | 505 |
| or Rs. | 500 |

II Employment of the Health Inspector as special Leprosy Health Inspector for one year after training.

| | Rs. |
|---|---|
| Pay of Health Inspector at Rs.111/- per mensem. | 1332 |
| Special pay at Rs.35/- per mensem | 420 |
| Dearness Allowance at Rs.24/- " | 288 |
| Fixed Travelling Allowance | 528 |
| Travelling allowance | 100 |
| Contingencies. | 1,000 |
| Rs. | 3,668 |
| or Rs. | 3,700/- |

The total for both the items comes to Rs.4,200/-

(True copy)

Mr. Rajamani Iyer

FOR DIRECTOR OF PUBLIC HEALTH
MADRAS.

sm.6/8

LEGISLATURE (ASSEMBLY) SECRETARIAT.

~~xxxxxxxxx~~ 27-6-1951.

STARRED.

Janab H.S.Hussain, M.L.A.

Q.No.184. Will the Hon'ble the Minister for Health be pleased to state--

(a) wheter it is a fact that there is a scheme for the prevention of leprosy in Shirva, South Kanara District;

(b) if so, when it was brought into force;

(c) whether Dr.Cochrane had investigated this scheme, and if so, what his recommendations are;

(d) whether a copy of his report to the Government will be placed on the table of the House for information;

(e) whether ~~the~~ Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(f) whether any special officer has been put in charge of this leprosy scheme on the spot;

(g) if so, his special qualifications, pay and allowances and special facilities providedfor him; and

(..) p.t.o.

Health Department.

Answer.

A statement is placed on the table of the House.

p.t.o.

19

(h) the detailed plan of work under this scheme and the progress so far made.

MA
31.8.57

24/9

To the Sectt. of
Madras Legislature
(Assembly) Section,

5 copies and
~~252~~ copies of the
Statement.

Copy to Pub.(Ele)Dept.

S/c.

U.O.NO.
33960 L/51-
3. Health

24.9.57

V.U. please type a clean copy of this Statement. Use ruled foolscap paper

Statement.

Answer

(a) whether it is a fact that there is a scheme for the prevention of leprosy in Shirva, South Kanara District;

(a) Yes. There is a scheme for prevention of leprosy in Shirva village of South Kanara District.

(b) if so, when it was brought into force;

(b) The scheme has commenced from 21-12-1950.

(c) whether Dr.Cochrane had investigated this scheme, and if so, what his recommendations are;

(d) whether a copy of his report to the Government will be placed on the table of the House for information;

(c) and (d). Dr.Cochrane had investigated this scheme. A copy of his report is appended herewith.....Appendix I.

(e) whether the Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(e) The Director of Medical Services and the Director of Public Health recommended the appointment of Sri R.Venugopala Rao, Health Inspector, as Special Leprosy Health Inspector after undergoing a course of training in Leprosy survey and Social Welfare.

(f) whether any special officer has been put in charge of this leprosy scheme on the spot;

(g) if so, his special qualifications, pay and allowances and special facilities providedfor him; and

(f) and (g). Sri R.Venugopal Rao was appointed as Special Leprosy Health Inspector in Shirva village after undergoing necessary training in the Lady Willingdon Leprosy Sanatorium, Tirumani, and the Silver Jubilee Children's Clinic, Saidapet., The Health Inspector is now drawing Rs.118/- p.m. in the scale of Rs.60-3-90-4-130 and Dearness Allowance Rs.29/- p.m. Necessary facilities as considered to be sufficient have been provided to the H.I.

(h)

21

(h) the detailed plan of work under this scheme and the progress so far made?

(h) The detailed plan of work has been set out in the penultimate paragraph of Dr. Cochrane's report. ✗ ✓ pp 7-10 11 12 p 4 c 6

~~(h)~~ The Special Leprosy Health Inspector joined duty on 21-12-1950 only for conducting a Leprosy survey in Shirva and other villages. A copy of the report regarding the work done by him is appended....Appendix II. pp 11-12 c 6

4/8/57

Appendices.

p.t.o.

K5

## Appendix I.

## Report of Dr. Cochrane.

I left Mangalore for Shirva at 3 P.M. on 30/10/1948 and arrived at Shirva at 6 P.M. on 30-10-1948. I was accompanied to Shirva by the District Health Officer, Dr. Ramachandra Rao and met at Shirva by

1.Rev.Father Gonsalves.
2.Mr.Sivaram, Headmaster, Hindu High School.
3.Mr.Annai Hedri, President, Panchayat Board.
4.Mr.Venugopal Rao, Health Inspector.
5. Mr.Shetty, Village Munsiff, Kuthiyar.

On the morning of the 31st the party started at 5-45 A.M. to inspect the village of Kuthiyar. A number of cases were seen some of which were infective. The absence of child infection was noted. This visit demonstrated the method of spread of leprosy in this area. In South Kanara unlike the rest of the Madras Province, particularly the eastern side, villages are scattered and isolated. Therefore, an infective case of leprosy will not as a rule infect any member outside his own household and further the accommodation in many houses is ample and the infected case of leprosy can, therefore dwell to some extent apart from the family. This means that even though there are children in the homes the contact is not particularly close and therefore the infection is probably a slow smouldering one. Children may, therefore, show signs of leprosy later, rather than earlier in life. This would account for the high incidence of adult infection. The lepromatous cases seen ~~xxxx~~ were mostly very advanced and seem to have had the disease many years. This conclusion was borne out by the fact that a check of the cases of leprosy recorded in the old Local Fund Dispensary book showed that many had died. On returning from the village I saw a few school children and found no evidence of leprosy among them. In the afternoon we were taken to the village of Shirva and again the experience of the morning was

repeated. Scattered houses with occasional lepromatous cases and marked absence of child infection. The disease therefore is probably largely an adult disease and therefore if these can be segregated more adequately leprosy should be brought under control. ~~In~~ I inspected the place where it was suggested that a segregation camp should be started. In many respects this area is excellent. One would like to know the possibility of agricultural employment. The ground seemed to be particularly stony, further if the area is too exposed any building construction will have to be much more durable and solid adding to the cost of the project.

I enquired into the history and method of living among the infectious cases seen. For instance one family in which the father had leprosy and died some years ago. The two sons acquired the disease one of whom a lepromatous case the elder died. The second was a neural case still living. The two daughters were both married. The elder showed signs of a benigh minor tuberculoid lesions on the right shoulder. In this instance it seems obvious that the two sons came into close contact with the father and got the disease. Possibly the elder in closer contact and therefore became a lepromatous case while the second became a neural case. The two daughters not coming into such close contact with the father either escaped or adquired the benigh tuberculoid form. On the death of the eldest son the disease had died out of the family because of the wide separation of the house the only immediate household contacts were infected.

Another instance was where two infective cases among women were seen. Both were married. In one instance the husband left his wife two years ago and no children were born. The other person's husband died before the birth of a child a daughter. This daughter became an infective case illustrating that when the

mother is an open case it is difficult for the child or children to ~~xxpx~~ escape infection.

It is evident that the villagers recognise the advanced stage of the disease and they tend to isolate themselves e.g.,an infective husband lived apart from the family when the disease became pronounced and the wife did not allow him to visit her house. The general custom appears to be that children of a household sleep in a separate room from the husband and wife after weaning. It is to be noted that most houses ~~xf~~ in this area have several rooms. Weaning usually is between the first and ~~x~~ 3rd year.

In addition to seeing the villages we inspected further groups of children both at the Roman Catholic School and the Hindu High School and our impression was confirmed that there was little evidence of child infection in Shirva proper. At 11 A.M. the Shirva Leprosy Committee gathered together under the Chairmanship of Father Gonsalves and the members very kindly asked me to address them. In my address I emphasised the following facts.

1. Owing to the fact that the houses in the villages were separate sometimes at a considerable distance leprosy was not epidemic but sporadic.

2. Because of the custom in this District of children sleeping away from their parents in a separate room after weaning this reduced the period of contact considerably.

These two factors alone probably explained the anomalous situation in this area in that leprosy was seldom found in children and that it did not apparently develop in a severe form until later life. The assumption is that as a result of the reduced chance of contact as compared with say an area in Saidapet, fewer children acquire leprosy and therefore, the

disease may take a longer time to develop. There was considerable evidence to show that a patient dated the form of leprosy not from the first suspected signs but from the date it became obvious not from the first suspected signs but from the date it became obvious to others and serious to himself. It was at this stage the patient then took precautions to live apart from his family, and many cases he ceased visiting his wife or his wife refused to admit her husband. Owing to the fact that the pre-lepromatous leprosy is very difficult to recognise on casual examination it would only be a mere chance if I were to find up such cases. In the time at my disposal I was unable to detect any. Nevertheless the general evolution of the disease as indicated above appears to me the probable explanation of the question as to why so much adult leprosy and so little child leprosy is seen in this area. This being the case I suggested that the following setps should be taken.

1. A complete survey of Shirva and the adjoining villages.

2. The erection of a leprosy segregation camp for infective cases. Survey: Owing to the fact that the conditions in this area are so unusal it would not be possible for a person unfamiliar with the place to undertake this survey. Mr. Venugopal Rao, Health Inspector, Udipi, by temperament, by enthusiasm and by intelligence appears to be the right type of person to undertake this work, therefore I strongly recommend that he be sent to Chingleput and Saidapet to undertake a 3 months course in survey and social welfare, at Government espense his salary being met while he undertakes his course and the usual Travelling Allowance be allowed. When this course is finished I strongly recommend that he be appointed as a Special Leprosy Health Inspector and be given a salary, field allowance and other allowances which

are sanctioned for special Malaria Health Inspectors. I then recommended that he be deputed for this special work for a period of one year in the first instance and that sends his report to the Director, Leprosy Campaign six months' As a result of this work it should be possible to trace almost every lepromatous case and the magnitude of the problem as far as segregation is concerned should be assessable. In so far as the night segregation is out of the question in this area, I suggested to the Committee that further money be raised for the erection of a segregation camp at a suitable site and that an investigation be made as to the cost of putting up simple structures either in the form of ordinary dwellings of the village or as army huts, and that the only substantial buildings be the hospital and the laboratory. By the time Government are able to sanction the construction of the camp it is hoped that more practical and more economical methods of treating lepromatous leprosy by the sulphones will be developed. It then should be possible to direct people to this camp on the promise of special treatment. Assuming, therefore, that within 2 years the sulphone remedies will be available for mass treatment. It should be possible to render the infective case of leprosy much less infective by treatment within a period of 2-3 years. Once this is possible then there would be no difficulty in persuading people to enter this segregation camp on the condition that special treatment was only-given to those infective cases who would segregate themselves adequately. Once the adult cases were brought under control it should not be an impossibility to organise a system of surveillance whereby every member of the household is examined at least once a year. Sir Lenord Rogers advocated this type of control many years ago. But it has been impossible to effect because (1) due to the uncertainty of the hydrocarpus treatment and the long course of treatment resulting in disablement in many cases and

and discontinuance in others (2) due to the average social conditions where such surveillance was impracticable. This area xx of Shirva however with the new hope that the sulphone remedies will be available for mass treatment within two years appears to be ideal for an experiment along these lines. It is only by various types of experiment in control can the best method be devised for each area. As a short term policy it is impossible to control leprosy in the Shirva area but if viewed as a long term policy it is possible to devise a system as indicated with should bring the disease under control and ultimately stamped it out. Again the challenge comes to the Government of Madras really to take a lead in the new methods of treatment and prevention and demonstrate that at least in one area leprosy has been controlled. In many ways this is difficult, but in others it is very hopeful of being accomplished.

I returned to Mangalore and addressed the District Medical Association at which I was enthusiastically received. I have to thank particularly Dr.Ramachandra Rao the District Health Officer who spared no pains to see that I was comfortably looked after and who showed the greatest enthusiasm and interest in this problem. To the local authorities at Shirva and to many others I owe a debt of gratitude for being able to undertake in so short a time a fairly concentrated and extensive review of the leprosy conditions in this area.

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SRK

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Appendix II.

Statement of work done by the Special Leprosy Health Inspector, Shirva.

| Months | Work done. |
|---|---|
| December 1950. | Joined duty on 21-12-1950. Took instructions from the District Health Officer and the District Medical Officer regarding his work. Arrange a meeting of the Shirva Leprosy Relief Committee on 31.12.50. |
| January 1951. | Conducted an intensive survey of block No.1 in Shirva village. Done propaganda and social welfare work. Appeared before the Tahsildar and the Revenue Inspector and gave statement regarding the alienation of a site for the construction of a sanatorium. |
| February 1951. | Made an extensive survey of Belle, Kattungiri, Padoor, Karkal, Heroor and Innenjee villages. |
| March 1951. | Made extensive surveys in Kuthiyar village. Accompanied the Provincial Leprosy Survey Officer and took instructions regarding survey and propaganda. Convened a meeting of the Shirva Leprosy Relief Committee. |
| April 1951. | Made extensive surveys in Belmann, Sooda, Nandalike and Kalya villages. With the object of making propaganda and focussing the attention of the local population took a leading part in organising a leprosy workers conference in Shirva. |
| May 1951 & June 1951. (Non soon months Hence work ham-pered.) | Made intensive surveys in Blocks Nos. 2 & 3 of Shirva village and extensive survey of Yellore. Made intensive surveys in Shirva village in blocks 3 and 4 and also in Yellore and Kanjoor villages. |
| July 1951. | According to the programme ~~he is to make~~ an intensive survey is to be made of blocks 5 and 6 of Shirva village and also an extensive survey of Mooda Belle village. |

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P.t.o.

| No. | Name of village | Population. | No. of cases detected | | |
|---|---|---|---|---|---|
| | | | Neural | Open | Total |
| 1. | Shirva (2) Blocks | 1210 | 8 | 1 | 9 |
| 2. | Pilar | 2280 | 4 | - | 4 |
| 4. | [illegible]thiyar | 2169 | 6 | 5 | 11 |
| 5. | Yelluru | 3822 | 16 | 13 | 29 |
| 6. | Padoor | 1350 | 2 | 6 | 8 |
| 7. | Janthur | 2214 | 2 | - | 2 |
| | .Herur | 505 | 1 | - | 1 |
| 9. | Inanjee | 1866 | 1 | - | 1 |
| 10. | Kurkal | 2780 | 7 | 2 | 9 |
| 11. | Belle | 2688 | 2 | 3 | 5 |
| 12. | Kattangiri | 1357 | 3 | 1 | 4 |
| 13. | Belmann | 1904 | - | 1 | 1 |
| 14. | Sooda | 1946 | - | 2 | 2 |
| 15. | Nandalike | 1929 | 1 | 1 | 2 |
| 16. | Palli | 2071 | 1 | - | 1 |
| 17. | Nanjoor. | 1616 | 1 | - | 1 |

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## PAPER PLACED ON THE TABLE OF THE HOUSE.

[VIDE ANSWER TO LEGISLATIVE ASSEMBLY QUESTION No. 184 (STARRED).]

*Q.*—Will the Hon. the Minister for Health be pleased to state—

(*a*) whether it is a fact that there is a scheme for the prevention of leprosy in Shirva, South Kanara district;

(*b*) if so, when it was brought into force;

(*c*) whether Dr. Cochrane had investigated this scheme, and if so, what his recommendations are;

(*d*) whether a copy of his report to the Government will be placed on the Table of the House for information;

(*e*) whether the Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(*f*) whether any special officer has been put in charge of this leprosy scheme on the spot;

(*g*) if so, his special qualifications, pay and allowances and special facilities provided for him; and

(*h*) the detailed plan of work under this scheme and the progress so far made.

*A.*—(*a*) Yes. There is a scheme for prevention of leprosy in Shirva village of South Kanara district.

(*b*) The scheme has commenced from 21st December 1950.

(*c*) & (*d*). Dr. Cochrane had investigated this scheme. A copy of his report is appended herewith—Appendix I.

(*e*) The Director of Medical Services and the Director of Public Health recommended the appointment of Sri R. Venugopala Rao, Health Inspector, as Special Leprosy Health Inspector, after undergoing a course of training in Leprosy Survey and Social Welfare.

(*f*) & (*g*). Sri R. Venugopala Rao was appointed as Special Leprosy Health Inspector in Shirva village after undergoing necessary training in the Lady Willingdon Leprosy Sanatorium, Tirumani, and the Silver Jubilee Children's Clinic, Saidapet. The Health Inspector is now drawing Rs. 118 per mensem in the scale of Rs. 60—3—90—4—130 and Dearness Allowance Rs. 29 per mensem

Necessary facilities as were considered to be sufficient have been provided to the Health Inspector.

(*h*) The detailed plan of work has been set out in the penultimate paragraph of Dr. Cochrane's report. The Special Leprosy Health Inspector joined duty on 21st December 1950 only for conducting a leprosy survey in Shirva and other villages. A copy of the report regarding the work done by him is appended—Appendix II.

## APPENDIX I.

### Report of Dr. Cochrane.

I left Mangalore for Shirva at 3 p.m. on 30th October 1948 and arrived at Shirva at 6 p.m. on 30th October 1948. I was accompanied to Shirva by the District Health Officer, Dr. Ramachandra Rao and met at Shirva by—

(1) Rev. Father Gonsalves.

(2) Mr. Sivaram, Headmaster, Hindu High School.

(3) Mr. Annai Hedri, President, Panchayat Board.

(4) Mr. Venugopal Rao, Health Inspector.

(5) Mr. Shetty, Village Munsif, Kuthiyar.

On the morning of the 31st the party started at 5-45 a.m. to inspect the village of Kuthiyar. A number of cases were seen some of which were infective. The absence of child infection was noted. This visit demonstrated the method of spread of leprosy in this area. In South Kanara unlike the rest of the Madras Province, particularly the eastern side, villages are scattered and isolated. Therefore, an infective case of leprosy will not as a rule infect any member outside his own household and further the accommodation in many houses is ample and the infected case of leprosy can, therefore dwell to some extent apart from the family. This means that even though there are children in the home the contact is not particularly close and therefore the infection is probably a slow smouldering one. Children may, therefore, show signs of leprosy later, rather than earlier in life. This would account for the high incidence of adult infection. The lepromatous cases seen were mostly very advanced and seem to have had the disease many years. This conclusion was borne out by the fact that a check of the cases of leprosy recorded in the old Local Fund Dispensary book showed that many had died. On returning from the village I saw a few school children and found no evidence of leprosy among them. In the afternoon we were taken to the village of Shirva and again the experience of the morning was repeated. Scattered houses with occasional lepromatous cases and marked absence of child infection. The disease therefore is probably largely an adult disease and therefore if these can be segregated more adequately leprosy should be brought under control. I inspected the place where it was suggested that a segregation camp should be started. In many respects this area is excellent. One would like to know the possibility of agricultural employment. The ground seemed to be particularly stony, further if the area is too exposed any building construction will have to be much more durable and solid adding to the cost of the project.

I enquired into the history and method of living among the infectious cases seen. For instance one family in which the father had leprosy and died some years ago. The two sons acquired the disease, one of whom a lepromatous case, the elder died. The second was a neural case, still living. The two daughters were both married. The elder showed signs of a benign minor tuberculoid lesions on the right shoulder. In this instance it seems obvious that the two sons came into close contact with the father and got the disease. Possibly the elder in closer contact and therefore became a lepromatous case while the second became a neural case. The two daughters not coming into such close contact with the father either escaped or acquired the benign tuberculoid form. On the death of the eldest son, the disease had died out of the family because of the wide separation of the house the only immediate household contacts were infected.

An ther instance was where two infective cases among women were seen. Both were married. In one instance the husband left his wife two years ago and no children were born. The other person's husband died before the birth of a child a daughter. This daughter became an infective case illustrating that when the mother is an open case it is difficult for the child or children to escape infection.

It is evident that the villagers recognize the advanced stage of the disease and they tend to isolate themselves, e.g., an infective husband lived apart from the family when the disease became pronounced and the wife did not allow him to visit her house. The general custom appears to be that children of a household sleep in a separate room from the husband and wife after weaning. It is to be noted that most houses in this area have several rooms. Weaning usually is between the first and third year.

In addition to seeing the villages we inspected further groups of children both at the Roman Catholic School and the Hindu High School and our impression was confirmed that there was little evidence of child infection in Shirva proper. At 11 a.m. the Shirva Leprosy Committee gathered together under the Chairmanship of Father Gonsalves and the members very kindly asked me to address them. In my address I emphasised the following facts:—

(1) Owing to the fact that the houses in the villages, were separate sometimes at a considerable distance leprosy was not epidemic but sporadic.

(2) Because of the custom in this district of children sleeping away from their parents in a separate room after weaning this reduced the period of contact considerably.

These two factors alone probably explained the anomalous situation to this area in that leprosy was seldom found in children and that it did not apparently develop in a severe form until later life. The assumption is that as a result of the reduced chance of contact as compared with, say an area in Saidapet, fewer children acquire leprosy and therefore, the disease may take a longer time to develop. There was considerable evidence to show that a patient dated the form of leprosy not from the first suspected signs but from the date it became obvious to others and serious to himself. It was at this stage the patient then took precautions to live apart from his family, and many

cases he ceased visiting his wife or his wife refused to admit her husband. Owing to the fact that the pre-lepromatous leprosy is very difficult to recognize on casual examination it would only be a mere chance if I were to find up such cases. In the time at my disposal I was unable to detect any. Nevertheless the general evolution of the disease as indicated above appears to me the probable explanation of the question as to why so much adult leprosy and so little child leprosy is seen in this area. This being the case I suggested that the following steps should be taken :—

(1) A complete survey of Shirva and the adjoining villages.

(2) The erection of a leprosy segregation camp for infective cases.

*Survey.*—Owing to the fact that the conditions in this area are so unusual it would not be possible for a person unfamiliar with the place to undertake this survey. Mr. Venugopal Rao, Health Inspector, Udipi, by temperament, by enthusiasm and by intelligence appears to be the right type of person to undertake this work, therefore I strongly recommend that he be sent to Chingleput and Saidapet to undertake a three months course in survey and social welfare, at Government expense, his salary being met while he undertakes his course and the usual travelling allowance be allowed. When this course is finishsd I strongly recommend that he be appointed as a Special Leprosy Health Inspector and be given a salary, field allowance and other allowances which are sanctioned for Special Malaria Health Inspectors. I then recommended that he be deputed for this special work for a period of one year in the first instance and that sends his report to the Director, Leprosy Campaign, six months. As a result of this work it should be possible to trace almost every lepromatous case and the magnitude of the problem as far as segregation is concerned should be assessable. In so far as the night segregation is out of the question in this area, I suggested to the Committee that further money be raised for the erection of a segregation camp at a suitable site and that an investigation be made as to the cost of putting up simple structures either in the form of ordinary dwellings of the village or as army huts, and that the only substantial buildings be the hospital and the laboratory. By the time Government are able to sanction the construction of the camp it is hoped that more practical and more economical methods of treating lepromatous leprosy by the sulphones will be developed. It then should be possible to direct people to this camp on the promise of special treatment. Assuming, therefore, that within two years the sulphone remedies will be available for mass treatment. It should be possible to render the infective case of leprosy much less infective by treatment within a period of two-three years. Once this is possible, then there would be no difficulty in persuading people to enter this segregation camp on the condition that special treatment was only given to those infective cases who would segregate themselves adequately. Once the adult cases were brought under control it should not be an impossibility to organize a system of surveillance whereby every member of the household is examined at least once a year. Sir Lenord Rogers advocated this type of control many years ago. But it has been impossible to effect because (1) due to the uncertainty of the hydrocarpus treatment and the long course of treatment resulting in disablement in many cases and discontinuance in others, (2) due to the average

social conditions where such surveillance was impracticable. This area of Shirva however with the new hope that the sulphone remedies will be available for mass treatment within two years appears to be ideal for an experiment along these lines. It is only by various types of experiment in control can the best method be devised for each area. As a short-term policy it is impossible to control leprosy in the Shirva area but if viewed as a long-term policy it is possible to devise a system as indicated with should bring the disease under control and ultimately stamped it out. Again the challenge comes to the Government of Madras really to take a lead in the new methods of treatment and prevention and demonstrate that at least in one area leprosy has been controlled. In many ways this is difficult; but in others it is very hopeful of being accomplished.

## APPENDIX II.

STATEMENT OF WORK DONE BY THE SPECIAL LEPROSY HEALTH INSPECTOR, SHIRVA.

| Months. | Work done. |
|---|---|
| December 1950 | Joined duty on 21st December 1950. Took instructions from the District Health Officer and the District Medical Officer regarding his work. Arranged a meeting of the Shirva Leprosy Relief Committee on 31st December 1950. |
| January 1951 | Conducted an intensive survey of Block No. 1 in Shirva village. Done propaganda and social welfare work. Appeared before the Tahsildar and the Revenue Inspector and gave statement regarding the alienation of a site for the construction of a sanatorium. |
| February 1951 .. | Made an extensive survey of Belle, Kattungiri, Padoor, Karkal, Heroor and Innanjee villages. |
| March 1951 .. | Made extensive surveys in Kuthiyar village. Accompanied the Provincial Leprosy Survey Officer and took instructions regarding survey and propaganda. Convened a meeting of the Shirva Leprosy Relief Committee. |
| April 1951 .. | Made extensive surveys in Belmann, Sooda, Nandalike and Kalya villages. With the object of making propaganda and focussing the attention of the local population took a leading part in organizing a leprosy workers conference in Shirva. |
| May 1951 .. | Made intensive surveys in Blocks Nos. 2 and 3 of Shirva village and extensive survey of Yellore. |

* Monsoon months. Hence work hampered.

| Months. | Work done. |
|---|---|
| June 1951 | Made intensive surveys in Shirva village in Blocks Nos. 3 and 4 and also in Yellore and Kanjoor villages. |
| July 1951 | According to the programme an intensive survey of Blocks Nos. 5 and 6 of Shirva village is to be made and also an extensive survey of Mooda Belle village. |

| *Serial number and name of village.* | *Population.* | *Number of cases detected.* | | |
|---|---|---|---|---|
| | | *Neural.* | *Open.* | *Total.* |
| (1) | (2) | (3) | (4) | (5) |
| 1 Shirva (2) blocks | 1,210 | 8 | 1 | 9 |
| 2 Pilar | 2,280 | 4 | | 4 |
| 3 Kuthiyar | 2,169 | 6 | 5 | 11 |
| 4 Yellūrū | 3,822 | 16 | 13 | 29 |
| 5 Padoor | 1,350 | 2 | 6 | 8 |
| 6 Santhur | 2,214 | 2 | | 2 |
| 7 Herur | 505 | 1 | | 1 |
| 8 Inanjee | 1,866 | 1 | | 1 |
| 9 Kurkal | 2,780 | 7 | 2 | 9 |
| 10 Belle | 2,688 | 2 | 3 | 5 |
| 11 Kattangiri | 1,357 | 3 | 1 | 4 |
| 12 Belmann | 1,904 | | 1 | 1 |
| 13 Sooda | 1,946 | | 2 | 2 |
| 14 Nandalike | 1,929 | 1 | 1 | 2 |
| 15 Palli | 2,071 | 1 | | 1 |
| 16 Nanjoor | 1,616 | 1 | | 1 |

* Monsoon months. Hence work hampered.

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LEGISLATURE (ASSEMBLY) SECRETARIAT.

27-6-1951.

Starred. Janab H.S.Hussain, M.L.A.

Q.No.194.— Will the Hon'ble the Minister for Health be pleased to state:

(a) whether it is a fact that there is a scheme for the prevention of Leprosy in Shirva, South Kanara district;

(b) if so, when it was brought into force;

(c) whether Dr. Cochrane had investigated this scheme, and if so, what his recommendations are;

(d) whether a copy of his report to the Government will be placed on the table of the House for information;

(e) whether the Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(f) whether any special officer has been put in charge of this leprosy scheme on the spot;

(g) if so, his special qualifications, pay and allowances and special facilities provided for him; and

(h) the detailed plan of work under this scheme and the progress so far made.

Health Department.

A.— A statement is placed on the table of the House.

for Secretary to Government.

(The answer has been approved by the Hon'ble Dr.T.S.S.Rajan)

To the Secretariat of Madras Legislature (Assembly section)—
5 copies and 350 copies of the Statement.

Copy to Public(Elections) Department.

U.O.No.33940-L/51-3,Health dated 26-6-1951.

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*Scheme for the prevention of Leprosy in Shirva, South Kanara district.*

113 *Q.*—JANAB H. S. HUSSAIN : Will the Hon. the Minister for Health be pleased to state—

(*a*) whether it is a fact that there is a scheme for the prevention of Leprosy in Shirva, South Kanara district;

(*b*) if so, when it was brought into force;

(*c*) whether Dr. Cochrane had investigated this scheme and if so, what his recommendations are;

(*d*) whether a copy of his report to the Government will be placed on the table of the House for information;

(*e*) whether the Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are,

(*f*) whether any special officer has been put in charge of this leprosy scheme on the spot;

(*g*) if so, his special qualifications, pay and allowances and special facilities provided for him; and

(*h*) the detailed plan of work under this scheme and the progress so far made?

THE HON. SRI KALA VENKATA RAO :—" A statement is placed on the table of the House."

JANAB H. S. HUSSAIN :—" The observation made by Dr. Cochrane at the end of his report is, ' This area of Shirva however with the new hope that the sulphone remedies will be available for mass treatment within two years appears to be ideal for an experiment along these lines Again the challenge comes to the Government of Madras really to take a lead in the new methods of treatment and prevention and demonstrate that at least in one area leprosy has been controlled.' In view of these observations of Dr. Cochrane, may I know what steps the Government are taking to make all the remedies available for mass treatment in this village? May I also know whether the special Health Inspector who has to cover 16 villages with a population of nearly 40,000 is being given any fixed travelling allowance or any of the allowances recommended by Dr. Cochrane? "

THE HON. SRI KALA VENKATA RAO :—" The experiment has been started in this particular village and the statement contains description of the work that has been taken up by the particular Health Inspector who has been appointed for that area. After the results are closely watched, further steps will be taken for the remedial measures. As can be seen from the statement, the number of cases is not so very large as to necessitate constant travelling on the part of this Health Inspector and he will get only the allowances to which he is entitled under the Service Rules."

## PAPER PLACED ON THE TABLE OF THE HOUSE.

[VIDE ANSWER TO LEGISLATIVE ASSEMBLY QUESTION No. 184 (STARRED).]

*Q.*—Will the Hon. the Minister for Health be pleased to state—

(*a*) whether it is a fact that there is a scheme for the prevention of leprosy in Shirva, South Kanara district;

(*b*) if so, when it was brought into force;

(*c*) whether Dr. Cochrane had investigated this scheme, and if so, what his recommendations are;

(*d*) whether a copy of his report to the Government will be placed on the Table of the House for information;

(*e*) whether the Director of Medical Services and Director of Public Health had also made recommendations in the matter and if so, what they are;

(*f*) whether any special officer has been put in charge of this leprosy scheme on the spot;

(*g*) if so, his special qualifications, pay and allowances and special facilities provided for him; and

(*h*) the detailed plan of work under this scheme and the progress so far made.

*A.*—(*a*) Yes. There is a scheme for prevention of leprosy in Shirva village of South Kanara district.

(*b*) The scheme has commenced from 21st December 1950.

(*c*) & (*d*). Dr. Cochrane had investigated this scheme. A copy of his report is appended herewith—Appendix I.

(*e*) The Director of Medical Services and the Director of Public Health recommended the appointment of Sri R. Venugopala Rao, Health Inspector, as Special Leprosy Health Inspector, after undergoing a course of training in Leprosy Survey and Social Welfare.

(*f*) & (*g*). Sri R. Venugopala Rao was appointed as Special Leprosy Health Inspector in Shirva village after undergoing necessary training in the Lady Willingdon Leprosy Sanatorium, Tirumani, and the Silver Jubilee Children's Clinic, Saidapet. The Health Inspector is now drawing Rs. 118 per mensem in the scale of Rs. 60—3—90—4—130 and Dearness Allowance Rs. 29 per mensem

Necessary facilities as were considered to be sufficient have been provided to the Health Inspector.

(*h*) The detailed plan of work has been set out in the penultimate paragraph of Dr. Cochrane's report. The Special Leprosy Health Inspector joined duty on 21st December 1950 only for conducting a leprosy survey in Shirva and other villages. A copy of the report regarding the work done by him is appended—Appendix II.

## APPENDIX I.

### Report of Dr. Cochrane.

I left Mangalore for Shirva at 3 p.m. on 30th October 1948 and arrived at Shirva at 6 p.m. on 30th October 1948. I was accompanied to Shirva by the District Health Officer, Dr. Ramachandra Rao and met at Shirva by—

(1) Rev. Father Gonsalves.

(2) Mr. Sivaram, Headmaster, Hindu High School.

(3) Mr. Annai Hedri, President, Panchayat Board.

(4) Mr. Venugopal Rao, Health Inspector.

(5) Mr. Shetty, Village Munsif, Kuthiyar.

On the morning of the 31st the party started at 5-45 a.m. to inspect the village of Kuthiyar. A number of cases were seen some of which were infective. The absence of child infection was noted. This visit demonstrated the method of spread of leprosy in this area. In South Kanara unlike the rest of the Madras Province, particularly the eastern side, villages are scattered and isolated. Therefore, an infective case of leprosy will not as a rule infect any member outside his own household and further the accommodation in many houses is ample and the infected case of leprosy can, therefore dwell to some extent apart from the family. This means that even though there are children in the home the contact is not particularly close and therefore the infection is probably a slow smouldering one. Children may, therefore, show signs of leprosy later, rather than earlier in life. This would account for the high incidence of adult infection. The lepromatous cases seen were mostly very advanced and seem to have had the disease many years. This conclusion was borne out by the fact that a check of the cases of leprosy recorded in the old Local Fund Dispensary book showed that many had died. On returning from the village I saw a few school children and found no evidence of leprosy among them. In the afternoon we were taken to the village of Shirva and again the experience of the morning was repeated. Scattered houses with occasional lepromatous cases and marked absence of child infection. The disease therefore is probably largely an adult disease and therefore if these can be segregated more adequately leprosy should be brought under control. I inspected the place where it was suggested that a segregation camp should be started. In many respects this area is excellent. One would like to know the possibility of agricultural employment. The ground seemed to be particularly stony, further if the area is too exposed any building construction will have to be much more durable and solid adding to the cost of the project.

I enquired into the history and method of living among the infectious cases seen. For instance one family in which the father had leprosy and died some years ago. The two sons acquired the disease, one of whom a lepromatous case, the elder died. The second was a neural case, still living. The two daughters were both married. The elder showed signs of a benign minor tuberculoid lesions on the right shoulder. In this instance it seems obvious that the two sons came into close contact with the father and got the disease. Possibly the elder in closer contact and therefore became a lepromatous case while the second became a neural case. The two daughters not coming into such close contact with the father either escaped or acquired the benign tuberculoid form. On the death of the eldest son, the disease had died out of the family because of the wide separation of the house the only immediate household contacts were infected.

Another instance was where two infective cases among women were seen. Both were married. In one instance the husband left his wife two years ago and no children were born. The other person's husband died before the birth of a child a daughter. This daughter became an infective case illustrating that when the mother is an open case it is difficult for the child or children to escape infection.

It is evident that the villagers recognize the advanced stage of the disease and they tend to isolate themselves, e.g., an infective husband lived apart from the family when the disease became pronounced and the wife did not allow him to visit her house. The general custom appears to be that children of a household sleep in a separate room from the husband and wife after weaning. It is to be noted that most houses in this area have several rooms. Weaning usually is between the first and third year.

In addition to seeing the villages we inspected further groups of children both at the Roman Catholic School and the Hindu High School and our impression was confirmed that there was little evidence of child infection in Shirva proper. At 11 a.m. the Shirva Leprosy Committee gathered together under the Chairmanship of Father Gonsalves and the members very kindly asked me to address them In my address I emphasised the following facts:—

(1) Owing to the fact that the houses in the villages, were separate sometimes at a considerable distance leprosy was not epidemic but sporadic.

(2) Because of the custom in this district of children sleeping away from their parents in a separate room after weaning this reduced the period of contact considerably.

These two factors alone probably explained the anomalous situation to this area in that leprosy was seldom found in children and that it did not apparently develop in a severe form until later life. The assumption is that as a result of the reduced chance of contact as compared with, say an area in Saidapet, fewer children acquire leprosy and therefore, the disease may take a longer time to develop. There was considerable evidence to show that a patient dated the form of leprosy not from the first suspected signs but from the date it became obvious to others and serious to himself. It was at this stage the patient then took precautions to live apart from his family, and many

cases he ceased visiting his wife or his wife refused to admit her husband. Owing to the fact that the pre-lepromatous leprosy is very difficult to recognize on casual examination it would only be a mere chance if I were to find up such cases. In the time at my disposal I was unable to detect any. Nevertheless the general evolution of the disease as indicated above appears to me the probable explanation of the question as to why so much adult leprosy and so little child leprosy is seen in this area. This being the case I suggested that the following steps should be taken :—

(1) A complete survey of Shirva and the adjoining villages.

(2) The erection of a leprosy segregation camp for infective cases.

*Survey.*—Owing to the fact that the conditions in this area are so unusual it would not be possible for a person unfamiliar with the place to undertake this survey. Mr. Venugopal Rao, Health Inspector, Udipi, by temperament, by enthusiasm and by intelligence appears to be the right type of person to undertake this work, therefore I strongly recommend that he be sent to Chingleput and Saidapet to undertake a three months course in survey and social welfare, at Government expense, his salary being met while he undertakes his course and the usual travelling allowance be allowed. When this course is finishsd I strongly recommend that he be appointed as a Special Leprosy Health Inspector and be given a salary, field allowance and other allowances which are sanctioned for Special Malaria Health Inspectors. I then recommended that he be deputed for this special work for a period of one year in the first instance and that sends his report to the Director, Leprosy Campaign, six months. As a result of this work it should be possible to trace almost every lepromatous case and the magnitude of the problem as far as segregation is concerned should be assessable. In so far as the night segregation is out of the question in this area, I suggested to the Committee that further money be raised for the erection of a segregation camp at a suitable site and that an investigation be made as to the cost of putting up simple structures either in the form of ordinary dwellings of the village or as army huts, and that the only substantial buildings be the hospital and the laboratory. By the time Government are able to sanction the construction of the camp it is hoped that more practical and more economical methods of treating lepromatous leprosy by the sulphones will be developed. It then should be possible to direct people to this camp on the promise of special treatment. Assuming, therefore, that within two years the sulphone remedies will be available for mass treatment. It should be possible to render the infective case of leprosy much less infective by treatment within a period of two-three years. Once this is possible, then there would be no difficulty in persuading people to enter this segregation camp on the condition that special treatment was only given to those infective cases who would segregate themselves adequately. Once the adult cases were brought under control it should not be an impossibility to organize a system of surveillance whereby every member of the household is examined at least once a year. Sir Lenord Rogers advocated this type of control many years ago. But it has been impossible to effect because (1) due to the uncertainty of the hydrocarpus treatment and the long course of treatment resulting in disablement in many cases and discontinuance in others, (2) due to the average

social conditions where such surveillance was impracticable. This area of Shirva however with the new hope that the sulphone remedies will be available for mass treatment within two years appears to be ideal for an experiment along these lines. It is only by various types of experiment in control can the best method be devised for each area. As a short-term policy it is impossible to control leprosy in the Shirva area but if viewed as a long-term policy it is possible to devise a system as indicated with should bring the disease under control and ultimately stamped it out. Again the challenge comes to the Government of Madras really to take a lead in the new methods of treatment and prevention and demonstrate that at least in one area leprosy has been controlled. In many ways this is difficult; but in others it is very hopeful of being accomplished.

## APPENDIX II.

STATEMENT OF WORK DONE BY THE SPECIAL LEPROSY HEALTH INSPECTOR, SHIRVA.

| Months. | Work done. |
|---|---|
| December 1950 .. | Joined duty on 21st December 1950. Took instructions from the District Health Officer and the District Medical Officer regarding his work. Arranged a meeting of the Shirva Leprosy Relief Committee on 31st December 1950. |
| January 1951 .. | Conducted an intensive survey of Block No. 1 in Shirva village. Done propaganda and social welfare work. Appeared before the Tahsildar and the Revenue Inspector and gave statement regarding the alienation of a site for the construction of a sanatorium. |
| February 1951 .. | Made an extensive survey of Belle, Kattungiri, Padoor, Karkal, Heroor and Innanjee villages. |
| March 1951 .. | Made extensive surveys in Kuthiyar village. Accompanied the Provincial Leprosy Survey Officer and took instructions regarding survey and propaganda. Convened a meeting of the Shirva Leprosy Relief Committee. |
| April 1951 .. | Made extensive surveys in Belmann, Sooda, Nandalike and Kalya villages. With the object of making propaganda and focussing the attention of the local population took a leading part in organizing a leprosy workers conference in Shirva. |
| May 1951 .. | Made intensive surveys in Blocks Nos. 2 and 3 of Shirva village and extensive survey of Yellore. |

* Monsoon months. Hence work hampered.

| Months. | Work done. |
|---|---|
| June 1951 | Made intensive surveys in Shirva village in Blocks Nos. 3 and 4 and also in Yellore and Kanjoor villages. |
| July 1951 | According to the programme an intensive survey of Blocks Nos. 5 and 6 of Shirva village is to be made and also an extensive survey of Mooda Belle village. |

| *Serial number and name of village,* | *Population.* | *Number of cases detected.* | | |
|---|---|---|---|---|
| | | *Neural.* | *Open.* | *Total.* |
| (1) | (2) | (3) | (4) | (5) |
| 1 Shirva (2) blocks | 1,210 | 8 | 1 | 9 |
| 2 Pilar | 2,280 | 4 | | 4 |
| 3 Kuthiyar | 2,169 | 6 | 5 | 11 |
| 4 Yelluru | 3,822 | 16 | 13 | 29 |
| 5 Padoor | 1,350 | 2 | 6 | 8 |
| 6 Santhur | 2,214 | 2 | | 2 |
| 7 Herur | 505 | 1 | | 1 |
| 8 Inanjee | 1,866 | 1 | | 1 |
| 9 Kurkal | 2,780 | 7 | 2 | 9 |
| 10 Belle | 2,688 | 2 | 3 | 5 |
| 11 Kattangiri | 1,357 | 3 | 1 | 4 |
| 12 Belmann | 1,904 | | 1 | 1 |
| 13 Sooda | 1,946 | | 2 | 2 |
| 14 Nandalike | 1,929 | 1 | 1 | 2 |
| 15 Palli | 2,071 | 1 | | 1 |
| 16 Nanjoor | 1,616 | 1 | | 1 |

* Monsoon months. Hence work hampered,

V

Madras Legis. I-3—4,006—12-1-51.

SECRETARIAT OF THE MADRAS LEGISLATURE,

*Fort St. George, dated the* 3.7 *195*1 .

ASSISTANT SECRETARY 5 JUL 1951 HEALTH DEPARTMENT

33940

QUESTION No. 184 for the next meeting of the Legislative Assembly to ~~be held on the~~ ~~195~~

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Two copies of this question are forwarded to the Health Department.

The question has been admitted.

3/7/51

4/7/51

6/7/51

To

The Health Department.

Health

L2

U.O. 3956/51-9 ML
4.7.51
Health Deptt

please see the
question on pl e.b. It is a starred
one. Dr. R.g. Cochrane and Sri J.N.
Gangadharan suggested certain measures
for the prevention of the spread of
leprosy in Shiroor and adjoining villages
in the South Kanara Dt. To start with,
the govt sanctioned the deputation
of one Health Inspector to the L.G.
L. Sanatorium, Jeppu and the
Silver Jubilee Children's Clinic,
Saidapet, Chingleput for a period
of three months for training in
leprosy survey and social welfare
work. After training he was

pp 17-33
dt 27-3-51 & 29-3-51
(B)
2.6 1326.H
15-4-50
Ans
pp 52-53
(B)

appointed as Special Leprosy Health Inspector at Shirva village. Vide G.O. No. 1326 Health dated 15-4-1950 read post Sanction G.O. No. 693 Health dated 2-3-51, sanction was accorded to the continuance upto 31-3-1952 of the post of Special Leprosy Inspector. In May, 1951, the D.M.S and the D.P.H proposed that the post of Special Leprosy Health Inspector, Shirva might be converted into that of an Asst. Special Leprosy Officer carrying a scale of pay of Rs 100-10-280 and that Sri R. Venugopala Rao, Leprosy Health Inspector might be appointed in the post on a starting pay of Rs 130 p.m in the proposed scale In G.O. No 2343 Health dated 3.2-51, Govt negatived the above proposals.

2. Information is not available with reference to clauses (g) and (h) of the question. The D.M.S may

may be asked to submit a detailed report in the matter & draft Memo is submitted after approval.

(Copy G H M C H S is being submitted separately)

PM
10.7.51

MK
11.7.51

DAQ shd not have been delayed She have come direct to me.

Noted
PM
13.7.51
MK
13/7/51

SNEK
13.7.51

Health
L2

p 3 c/f — Issued as Memo: No. 33940/51-1-L2 Health d. 13-7-51

pp 4-5 c/f — From the D.M.S Ref. 71966-1. Gp2 d. 18.7.51.

Please see the Memo on pp 3 c/f and the letter of the D.M.S on pp 4-5-2 c/f. The D.M.S may also be reminded if necessary on 10.8.51 with reference to B on p 5 c/f.

PM
23.7.51

MK
24/7/51

25/7/51

Health
L2

p 12 c/f — From the D.P.H, R. No. 5-5066-2 Epi/51. d. 1.8.51.

pp. 8-11 c/f — From the D.M.S R. 71966-Gp2 d. 21.8.51

Le

Please see the Memo on p. 3 c/f and the letters of the D.M.S and the D.P.H on PP ~~4-5~~ 4-5, 8, 10, 11 and 12 to 16 c/f ~~The answer to the question may be placed on the table of the House when draft answer is submitted for approval or the file may be circulated to H.M. (H).~~

PCP 31.8-87 KM 3/9

Clause Question (g)

In this question, the Hon'ble member wants to know, among other things, the special facilities provided for the special Leprosy Health Inspector. There is no information on this point either the report or the D.M.S at PP 4-5 c/f or in the report of the D.P.H at p12 c/f. It is submitted that the Health Inspector has been sufficiently compensated by being allowed F.T.A for his wandering work. It is seen from the report of the Health officer Provincial Leprosy Survey unit, Vellore that the Health Inspector is handicapped for want of a room and also on account of the admissibility of F.T.A only & fixation of his Headquarters at Shiroda and that these ~~long~~ standing matters are pending with the D.M.S & the D.P.H. The question of removing these difficulties may be considered as and when the report is received from the D.M.S & the D.P.H. Pending receipt of this report it is for consideration whether a reply on the following lines may be given, namely

M on p 17 c/f (B)
S on p 12 c/f (B)
Noted
on p12 c/f

Necessary facilities as ~~are considered to be sufficient~~ have been provided to the Health Inspector".

This may also be added if the answer

Clause Question (h)

Information is required in this question about the detailed Plan of work under this scheme and the progress so far made. The detailed Plan of work ~~from~~ has been specified in the report of Dr. Cochrane - Vide from XXX on p12 c/f of (B). The Hon. Member's attention may be invited to this part of the report. Regarding the second part of the question,

Pl.

namely, progress so far made by the Special Health Inspector / the statement on p11 of, ~~the~~ furnished by the Health officer, Provincial Leprosy Survey ~~report~~ ~~from the D.M.O.~~ gives an answer to this question. ~~From~~ The D.P.H however states that the D.M.O, South Kanara will furnish further particulars in regard to the working of the scheme. For orders whether the further report may be awaited. If not, the draft reply below is submitted for approval.

May issue after circulation to H.M (H)

This has to seem very 4/9/57

KM 3-9-57

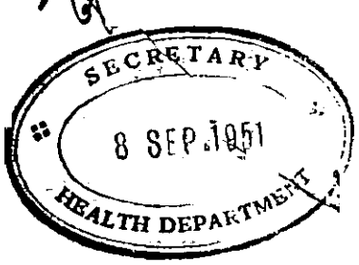
4/9/57

Further plan of work will be dependent on the result of the Survey. If pressed in Supplementaries HM may say that reports from the DMO & DPH are awaited and the qn. will be considered when their reports are received. HM may also ask for notice in case fresh issues are raised.

S/RK
1.9.51

Inspector of Leprosy

H.M. (H) 8/9/51



6

Health
L2

please see the
note on extract (on p. 38C/6)
from the proceedings of
the Assembly dated 23.X.51 which
will refer to 'A' on p. 38C/6
no special action seems necessary. For orders whether
~~a reply to a question is to be given~~
~~may be dropped and~~
the papers may be
Recorded.

RM
29.1.52
30.1.52

31/1/52

Order 35p
MS 2/2/52

(I was present when
this qn. was answered.

Are you sure
you have not omitted
some further
supplementaries?)

Sub: Legislative
Assembly Questions
- Leprosy -
Scheme for
the prevention
of leprosy in
Shivva Village
South Kanara
Dt - Papers
Recorded

SRK
31.1.52

Attention is
invited to pages 105-106 of
the Assembly proceedings dated
23. X. 51. Subject nothing has been omitted.

Note put
again-
8/1951

RM
31.1.52
31.1.52

1/2/52

Record
Thanks.

SRK
1.2.52